

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS          | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
|                 | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1               |          |        |                       |        |                        |        |
| 2               |          |        |                       |        |                        |        |
| 3               |          |        |                       |        |                        |        |
| 4               |          |        |                       |        |                        |        |
| 5               |          |        |                       |        |                        |        |
| 6               |          |        |                       |        |                        |        |
| 7               |          |        |                       |        |                        |        |
| 8               |          |        |                       |        |                        |        |
| 9               |          |        |                       |        |                        |        |
| 10              |          |        |                       |        |                        |        |
| 11              |          |        |                       |        |                        |        |
| 12              |          |        |                       |        |                        |        |
| 13              |          |        |                       |        |                        |        |
| 14              |          |        |                       |        |                        |        |
| 15              |          |        |                       |        |                        |        |
| 16              |          |        |                       |        |                        |        |
| 17              |          |        |                       |        |                        |        |
| 18              |          |        |                       |        |                        |        |
| 19              |          |        |                       |        |                        |        |
| 20              |          |        |                       |        |                        |        |
| 21              |          |        |                       |        |                        |        |
| 22              |          |        |                       |        |                        |        |
| 23              |          |        |                       |        |                        |        |
| 24              |          |        |                       |        |                        |        |
| 25              |          |        |                       |        |                        |        |
| 26              |          |        |                       |        |                        |        |
| 27              |          |        |                       |        |                        |        |
| 28              |          |        |                       |        |                        |        |
| 29              |          |        |                       |        |                        |        |
| 30              |          |        |                       |        |                        |        |
| 31              |          |        |                       |        |                        |        |
| 32              |          |        |                       |        |                        |        |
| 33              |          |        |                       |        |                        |        |
| 34              |          |        |                       |        |                        |        |
| 35              |          |        |                       |        |                        |        |
| 36              |          |        |                       |        |                        |        |
| 37              |          |        |                       |        |                        |        |
| 38              |          |        |                       |        |                        |        |
| 39              |          |        |                       |        |                        |        |
| 40              |          |        |                       |        |                        |        |
| 41              |          |        |                       |        |                        |        |
| 42              |          |        |                       |        |                        |        |
| 43              |          |        |                       |        |                        |        |
| 44              |          |        |                       |        |                        |        |
| 45              |          |        |                       |        |                        |        |
| 46              |          |        |                       |        |                        |        |
| 47              |          |        |                       |        |                        |        |
| 48              |          |        |                       |        |                        |        |
| 49              |          |        |                       |        |                        |        |
| 50              |          |        |                       |        |                        |        |
| Total<br>Indep  | 3        |        |                       |        |                        |        |
| Total<br>Depend | 33       |        |                       |        |                        |        |
| Total<br>Claims | 36       |        |                       |        |                        |        |